



## CITY OF SEAT PLEASANT NOTICE TO CANDIDATES FOR OFFICE

In accordance with the City of Seat Pleasant City Charter, candidate applications and registered voter petitions, which shall include the names and signatures of at least 20 registered voters in the City of Seat Pleasant, must be submitted to the Office of the City Clerk by **5:00 PM ON TUESDAY, JULY 14, 2020. NO EXCEPTIONS.** Once voter qualifications have been verified, qualified candidates will be notified of certification to run for the petitioned office.

### Section C-610. Nominations

*Candidates for election to the office of Councilmember or Mayor shall file with the Board of Election Supervisors a petition signed by at least 20 registered voters of the City of Seat Pleasant at least sixty (60) days (including Sundays and holidays) prior to the date of such election. Such petition shall state (1) the name and address of the candidate, (2) the fact that such person is eligible for election to the office of Councilmember or Mayor and (3) that such person wishes his name placed on the ballot as candidate. Such petition shall be sworn to by the person filing same, both as to the fact of the candidate's eligibility and as to the genuineness of the signatures of such petition. No person shall be eligible for elective City public office who has not fulfilled the requirements of this section. No candidate shall file for election for more than one City public office at any one election.*



# City of Seat Pleasant

*Office of the City Clerk*

---

## CANDIDATE CHECK LIST

The City of Seat Pleasant, Board of Supervisors of Elections thanks each of you for your interest in the office of Mayor or City Councilmember. Please find below the required forms due on or before **Tuesday, July 14, 2020**. All items must be completed and turned in to the Office of the City Clerk by **5:00p.m. NO EXCEPTIONS.**

☐ **NOTARIZED** Certificate of Candidacy for Nomination by Petition Form

☐ Candidate Petition with at least 20 Registered Voters in Seat Pleasant

☐ 2019 Statement of Financial Interest for **New Candidates ONLY.**

If you have any questions regarding the above information, please feel free to contact Dashaun N. Lanham, City Clerk directly on 301-336-2600.



*City of Seat Pleasant*

**CERTIFICATE OF CANDIDACY FOR NOMINATION BY PETITION  
TO THE BOARD OF SUPERVISORS OF ELECTIONS**

**OFFICE SOUGHT:** \_\_\_\_\_

I request that you place my name on the official ballot to be used in the **2020 City of Seat Pleasant General Election on September 14, 2020**, as a candidate seeking nomination for the above-mentioned office.

**NAME TO APPEAR ON BALLOT (PRINT)** \_\_\_\_\_

If you have more than one given name, you may designate which given name or names you want to appear on the ballot and which name or names you want to appear by initial letter only. You must use at least one given name. The use of symbols, titles, degrees or other professional designations is prohibited. (Md. Ann. Code Art. EL Section 5-301(c)(4)).

**I hereby declare:**

- The name listed above is my legally given name or a name supported by an affidavit filed at this time under penalty of perjury.
- I am a registered voter of Seat Pleasant, Prince George's County, Maryland.
- My date of birth is \_\_\_\_\_ Sex \_\_\_\_\_
- I will not be a candidate for any other public office.
- I am not a treasurer, sub-treasurer, or campaign manager for any candidate or committee.
- I meet the qualifications for the above-mentioned office as set forth in applicable law.
- I am filing, along with this Certificate of Candidacy, petition signature pages purporting to contain signatures of not less than twenty (20) of the registered voters who are eligible to vote for the office I seek.
- **I understand that final acceptance of this certificate depends upon verification of the information and documents provided by me.**

Residence Address	Mailing Address (will be made available to the public)
Number, Street, Apt.	Number, Street, Apt.
City, State, Zip Code	City, State, Zip Code
Phone (for Election Board to contact you)	Phone (for public release)
Fax	E-Mail Address

**I hereby certify under penalties of perjury that the information provided above is true.**

Date of this Certificate \_\_\_\_\_ Signature of Candidate \_\_\_\_\_

*Prince George's County; State of Maryland*

*Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2020*

*Notary Public*

*My commission expires \_\_\_\_\_*

*(NOTARIZED WITHOUT FEE BY THE ELECTION OFFICE.)*

**FOR ELECTION BOARD USE ONLY**

The candidate is a registered voter: Yes \_\_\_\_\_ No \_\_\_\_\_

The above declaration is correct as to Name, Address, Date of Birth, Sex: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, our records show: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

The candidate's signed statement authorizes the local board to make changes in records in all categories. Notice of change must be mailed to the voter. See Art. EL § 3-304(b).

Records changed; notice sent (date): \_\_\_\_\_

Signature of person verifying Election Board section: \_\_\_\_\_



City of Seat Pleasant – General Election Candidate Nomination Petition

We, the undersigned voters of Seat Pleasant, Prince George's County, Maryland, hereby nominate (Name) \_\_\_\_\_,  
(Address) \_\_\_\_\_, for the office of \_\_\_\_\_, to appear on the 2020 City of Seat Pleasant General Election Ballot.

**NOTICE TO SIGNERS:** *Please print or type all information other than your signature. Post Office Box addresses are not generally accepted as valid.* By signing this petition, you agree that the above-named candidate should be placed on the ballot for the office and election indicated and that, to the best of your knowledge, you are registered to vote in the City of Seat Pleasant and are eligible to have your signature counted for petition purposes.

**Please note: The information you provide on this petition may be used to change your voter registration address.**

	DATE (mm/dd/yy)	PRINT FULL NAME	VOTER REGISTRATION ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	SIGNATURE, SAME AS PRINTED
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

CIRCULATOR'S AFFIDAVIT

FOR ELECTION BOARD USE ONLY

Total number of signatures \_\_\_\_\_  
Number of invalidated signatures \_\_\_\_\_  
Number of valid signatures \_\_\_\_\_

Endorsed by: \_\_\_\_\_

\_\_\_\_\_  
Individual circulator's printed or typed name

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number

Under penalties of perjury, I swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me is true and correct; (c) I personally observed each signer as he or she signed this page; and (d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of the City of Seat Pleasant.

\_\_\_\_\_  
Circulator's Signature Date (mm/dd/yy)

(Sign and date when signature collection is completed.)

City of Seat Pleasant – General Election Candidate Nomination Petition

We, the undersigned voters of Seat Pleasant, Prince George's County, Maryland, hereby nominate (Name) \_\_\_\_\_,  
(Address) \_\_\_\_\_, for the office of \_\_\_\_\_, to appear on the 2020 City of Seat Pleasant General Election Ballot.

**NOTICE TO SIGNERS:** Please print or type all information other than your signature. Post Office Box addresses are not generally accepted as valid. By signing this petition, you agree that the above-named candidate should be placed on the ballot for the office and election indicated and that, to the best of your knowledge, you are registered to vote in the City of Seat Pleasant and are eligible to have your signature counted for petition purposes.

Please note: The information you provide on this petition may be used to change your voter registration address.

	DATE (mm/dd/yy)	PRINT FULL NAME	VOTER REGISTRATION ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	SIGNATURE, SAME AS PRINTED
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

CIRCULATOR'S AFFIDAVIT

FOR ELECTION BOARD USE ONLY

Total number of signatures  
Number of invalidated signatures  
Number of valid signatures

Endorsed by:

Individual circulator's printed or typed name

Residence Address

CityStateZip Code

Telephone Number

Under penalties of perjury, I swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me is true and correct; (c) I personally observed each signer as he or she signed this page; and (d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of the City of Seat Pleasant.

Circulator's SignatureDate (mm/dd/yy)

(Sign and date when signature collection is completed.)

City of Seat Pleasant – General Election Candidate Nomination Petition

We, the undersigned voters of Seat Pleasant, Prince George's County, Maryland, hereby nominate (Name) \_\_\_\_\_,  
(Address) \_\_\_\_\_, for the office of \_\_\_\_\_, to appear on the 2020 City of Seat Pleasant General Election Ballot.

**NOTICE TO SIGNERS:** *Please print or type all information other than your signature. Post Office Box addresses are not generally accepted as valid.* By signing this petition, you agree that the above-named candidate should be placed on the ballot for the office and election indicated and that, to the best of your knowledge, you are registered to vote in the City of Seat Pleasant and are eligible to have your signature counted for petition purposes.

Please note: The information you provide on this petition may be used to change your voter registration address.							
	DATE (mm/dd/yy)	PRINT FULL NAME	VOTER REGISTRATION ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	SIGNATURE, SAME AS PRINTED
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

CIRCULATOR'S AFFIDAVIT

FOR ELECTION BOARD USE ONLY

Total number of signatures  
Number of invalidated signatures  
Number of valid signatures

Endorsed by:

Individual circulator's printed or typed name

Residence Address

CityStateZip Code

Telephone Number

Under penalties of perjury, I swear (or affirm) that: (a) I was at least 18 years old when each signature was obtained; (b) the information given to the left identifying me is true and correct; (c) I personally observed each signer as he or she signed this page; and (d) to the best of my knowledge and belief: (i) all signatures on this page are genuine; and (ii) all signers are registered voters of the City of Seat Pleasant.

Circulator's SignatureDate (mm/dd/yy)

(Sign and date when signature collection is completed.)

**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2019 through December 31, 2019

Name: \_\_\_\_\_

Position: \_\_\_\_\_

This Statement of Financial Interests, together with all appropriate schedules attached, describes all financial interests and related transactions and other matters required to be disclosed under Chapter 18, "Ethics" of the Seat Pleasant City Code.

**YES                      NO**

- A.        I did, at some time during the period covered by this statement, hold interests (including leasehold interests and interests in any oil, gas or other mineral royalty or lease) in or with respect to any *real property* (including **your residence**) in the State of Maryland.

Any such interests are described on Schedule A attached.

- B.        I did, at some time during the period covered by this statement, hold interests in a corporation, whether or not the corporation did business with the City of Seat Pleasant.

Any such interests are described on Schedule B attached.

- C.        I did, at some time during the period covered by this statement, hold interests in any other business entity which does business with the City of Seat Pleasant.

Any such interests are described on Schedule C attached.

- D.        I, or another person at my direction, did at some time during the period covered by this statement receive a gift of property in excess of \$20 in value, or a gift of money of whatever amount, including the forgiveness of any liability, from, or on behalf of, directly or indirectly, any person who does business with the City of Seat Pleasant or is regulated by the City of Seat Pleasant, however, that neither gifts received from the spouse or a relative within the third degree of consanguinity of the person making the statement or from the spouse of any such relative, nor campaign

contributions which are otherwise reported as required by law, need be disclosed.

Any such gifts are described on Schedule D attached.

YES NO

E. I did, at some time during the period covered by this statement, hold an office, directorship or salaried position in a corporation or other business entity doing business with the City of Seat Pleasant.

Any such offices, directorships or salaried positions are described on Schedule E attached.

F. I did, at some time during the period covered by this statement, have liabilities or become involved in transactions giving rise to liabilities owed to a person doing business with the City of Seat Pleasant.

Any such liabilities are described on Schedule F attached.

G. My spouse is a registered Lobbyist doing business with entities that are engaged or doing with the City of Seat Pleasant.

**I HEREBY CERTIFY AND AFFIRM** that the information contained in this statement and on the attached schedules is accurate and complete to the best of my knowledge and belief.

Signature:

Address:

Date



**STATEMENT OF FINANCIAL INTERESTS**  
January 1, 2019 through December 31, 2019

SCHEDULE A

INTERESTS IN REAL PROPERTY LOCATED IN THE STATE OF MARYLAND

Sheet \_\_\_\_ of \_\_\_\_  
*(Use separate sheet for each property reported)*

Name: \_\_\_\_\_

1. Nature of property (zoning, current use, etc.): \_\_\_\_\_

Location of property (by street address, mailing address or legal description): \_\_\_\_\_

2. Nature of interest held (owner in fee, lessee, etc.): \_\_\_\_\_

List any conditions to interest or encumbrances thereon (mortgages, leases, etc.): \_\_\_\_\_

3. Date acquired: \_\_\_\_\_

Manner in which acquired (purchase, inheritance, etc.): \_\_\_\_\_

Person from whom interest was acquired: \_\_\_\_\_

4. Nature and amount of consideration paid for interest: \_\_\_\_\_

If interest acquired other than by purchase, fair market value at time interest was acquired: \_\_\_\_\_

5. Describe any interest transferred during the period of this statement: \_\_\_\_\_

Nature and amount of consideration received for transfer of interest: \_\_\_\_\_

Identity (name and address) of person to whom interest was transferred: \_\_\_\_\_

6. Identity (name and address) of any other person with an interest in this property: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2019 through December 31, 2019

**SCHEDULE B**

**INTERESTS IN CORPORATIONS**

Name: \_\_\_\_\_

NAME AND ADDRESS OF PRINCIPAL OFFICE OF CORPORATION	NATURE AND AMOUNT OF INTEREST** HELD INCLUDING CONDITIONS AND ENCUMBRANCES	TRANSFER OF INTEREST IN PROPERTY DURING PERIOD (DESCRIBE INTEREST TRANSFERRED, NATURE AND AMOUNT OF ANY CONSIDERATION RECEIVED AND, IF KNOWN, IDENTITY OF TRANSFeree)	IF INTEREST ATTRIBUTED TO YOU RATHER THAN HELD DIRECTLY BY YOU, EXPLAIN BASIS OF THE ATTRIBUTION
---	---	---	--

\*\* At the option of the person filing this statement, an amount of stock or like evidence of equity interest may be reported either by the number of shares held and, unless the corporation's stock is publicly traded on a stock exchange, in an over-the-counter market, or otherwise, by the percentage of equity interest so held instead of by dollar amount.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2019 through December 31, 2019

**SCHEDULE C**

**INTERESTS IN BUSINESS ENTITIES (OTHER THAN CORPORATIONS)  
WHICH DO BUSINESS WITH THE CITY OF SEAT PLEASANT**

Name: \_\_\_\_\_

NAME AND ADDRESS OF PRINCIPAL OFFICE OF BUSINESS ENTITY	NATURE AND AMOUNT OF INTEREST HELD INCLUDING CONDITIONS AND ENCUMBRANCES	IF INTEREST TRANSFERRED IN BUSINESS ENTITY DURING REPORTING PERIOD, DESCRIBE INTEREST TRANSFERRED, NATURE AND AMOUNT OF ANY CONSIDERATION RECEIVED AND, IF KNOWN, IDENTITY OF TRANSFeree	IF INTEREST ATTRIBUTED TO YOU RATHER THAN HELD DIRECTLY BY YOU, EXPLAIN BASIS OF THE ATTRIBUTION
---	---	--	--

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2019 through December 31, 2019

**SCHEDULE D**

**GIFTS FROM PERSONS DOING BUSINESS WITH  
OR REGULATED BY THE CITY OF SEAT PLEASANT**

Name: \_\_\_\_\_

NATURE AND VALUE OF GIFT	IDENTITY OF PERSON FROM WHOM GIFT WAS RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTITY OF THAT PERSON
--------------------------	---	---

Report each gift in excess of twenty dollars (\$20) in value, and each gift of money of whatever amount, including the forgiveness of any liability, received at any time during the year for which the statement is filed.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2019 through December 31, 2019

**SCHEDULE E**

**OFFICES, DIRECTORSHIPS AND/OR SALARIED EMPLOYMENT IN  
BUSINESS ENTITIES DOING BUSINESS WITH THE CITY OF SEAT PLEASANT**

Name: \_\_\_\_\_

NAME AND ADDRESS OF PRINCIPAL OFFICE OF BUSINESS ENTITY	TITLE AND NATURE OF OFFICE, DIRECTORSHIP OR SALARIED EMPLOYMENT HELD	TOTAL COMPENSATION RECEIVED DURING PERIOD COVERED BY THIS STATEMENT FROM BUSINESS ENTITY
--	--	--

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2019 through December 31, 2019

**SCHEDULE F**

**LIABILITIES OWED TO PERSONS DOING BUSINESS  
WITH THE CITY OF SEAT PLEASANT**

Name: \_\_\_\_\_

IDENTITY OF PERSON TO WHOM LIABILITY WAS OWED	AMOUNT OF LIABILITY OWED AS OF 12/31/19	TERMS OF PAYMENT OF LIABILITY	AMOUNT BY WHICH LIABILITY WAS INCREASED OR REDUCED DURING PERIOD
---	--	-------------------------------------	--

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**STATEMENT OF FINANCIAL INTERESTS**

January 1, 2019 through December 31, 2019

**SCHEDULE G**

PLEASE PROVIDE REGULATED LOBBYIST INFORMATION ON YOUR SPOUSE

Name: \_\_\_\_\_

NAME AND ADDRESS OF PRINCIPAL OFFICE OF BUSINESS  
ENTITY

LIST OF ENTITIES THAT YOU REPRESENT THAT DO  
BUSINESS WITH THE CITY OF SEAT PLEASANT

Date: \_\_\_\_\_

Signature: \_\_\_\_\_